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those who have no special training the following books may prove helpful: *Essentials of Dietetics*, by Maude S. Perry; *Science of Living*, by W. S. Sadler, which deals with diet lists; and *Diet Lists*, by Carter, a new edition of which has just been issued.

SOME EXPERIENCES IN ACTIVE SERVICE—FRANCE

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PART III

(Continued from page 359)

The wounded are carried by stretcher bearers to the First Aid Dressing Stations, situated just back of the firing area at the front. From there they are sent by means of ambulances to the nearest emergency hospitals, called Casualty Clearing Stations. These were situated from four to ten miles back of the firing line and were arranged in groups of four hospitals, adjacent to one another, each having about one thousand patients and its own separate organization. Many of these hospitals were wooden structures, often made portable that they might be transported easily from place to place. Others were entirely tent hospitals, while still others were a combination of the two. During a drive, the patients were rushed in, in very large numbers, first to one hospital until it was completely filled, and then to another, until the fourth was filled to capacity or overcrowded. This was accomplished in but a few hours, in a time of great activity, or in a few days, during ordinary conditions. While the hospitals numbers three or four were being filled, numbers one and two were extremely busy, operating upon hundreds of cases, evacuating them to the hospitals farther back and, when the occasion permitted, making supplies and other necessities for the time when that hospital would admit patients again. Many instances have occurred where the admissions were in such large numbers that there was not sufficient roof covering to protect all patients and they were obliged to remain on stretchers outside the operating room pavilion, awaiting their turn in the operating room. The operations there were conducted by surgical teams, the personnel of which consisted of two surgeons, an anaesthetist, two nurses, and two orderlies, all of whom were sent from the Base Hospitals. The work there was extremely heavy, the strain being unusually great, as these cases were fresh from the field and the conditions found were indescribable. Formerly, nurses were assigned there for a period of six months, often working from

twelve to sixteen, and even eighteen hours a day. This period was later reduced, as it was found necessary to relieve nurses for shorter periods. Many of these hospitals have not only been shelled, but bombed, and during favorable weather the German aeroplanes have appeared over these hospitals, dropping bombs regularly, on many successive nights. Each hospital was provided with dug-outs where members of the personnel were ordered to retreat in case of immediate danger. Many times, however, officers and nurses remained at the operating tables while bombs were dropping in various surrounding directions. One nurse with this Unit happened to be on night duty when a bomb dropped on her cot, completely demolishing it. Our unit was fortunate in not having lost a life among its personnel through this means of destruction.

A railroad adjoined these hospitals in order that the wounded might be easily and expeditiously transferred by means of ambulance trains to the Base Hospitals, which were from sixty to one hundred miles distant from the front. These trains were fairly comfortable and provided ample means for giving the necessary care to the wounded during their transportation. Operating rooms were installed and were well equipped to perform such operations and dressings as were ordered for close observation and attention during the journey. Owing to the fact that ammunition trains had the right-of-way, the ambulance trains were often delayed for twenty-four hours or more, and the wounded were exhausted when reaching the more permanent hospital. The organization at Rouen, which was responsible for the transportation of the wounded to the various eleven hospitals situated there under the authority of the British Army, was very complete and capable of permitting efficient service. An officer known as the D. D. M. S. (Deputy Director, Medical Service) received full information regarding the wounded patients, as it pertained to their arrival, reception, and departure to other areas. A notice was sent from general headquarters in this area to all hospitals, giving advance notice of the number of patients to be admitted.

"Convoys In." When the ambulance trains arrived at the station they were met by numbers of automobile ambulances, to which the wounded were hurriedly transferred and taken to the particular hospitals to which they were assigned. The main roadway was often lined with ambulances, coming and going, for a distance of three or four miles and the procession might continue for hours. The convoy bugle call announced the approach of the ambulances at the hospitals. The old sight-seeing cars, such as we formerly saw in our cities before the war, filled with the walking wounded, usually were the first appearance of a "Convoy In" at the Base. These patients hobbled out,

assisted by those more fortunate, but nevertheless wounded, or by the American boys called orderlies, who were waiting to receive them. It was a familiar sight to see an American orderly carrying on his back a Tommy whose wounds made it difficult for him to walk. These patients were assigned temporarily to a receiving tent, and later were sent to the bath-house. There all clothing was assembled and was sent to the fumigating department. The patients received a complete clean outfit, including a blue convalescent suit, and were later assigned to their regular quarters as "walking convalescent patients." The dressing of the wounds of these patients was done in a separate department known as "The Surgical Dressing Tent." This was a very busy department, three hundred dressings a day often being done by three nurses with the assistance of orderlies and convalescent patients. Hot dressings were often used and were found to promote the cleaning up of wounds in a very short time. As these dressings were boiled by means of small kerosene stoves, it was very difficult to provide them in sufficient quantities.

The arrival of the stretcher cases, often numbering from one to three hundred, called forth much activity. They were carried through the Admission Hut and were quickly despatched to the wards to which they were assigned. The patients were carefully placed on their beds, over which convoy blankets had been placed to receive them. These beds were screened off, and the orderlies bathed the patients, leaving them in clean, comfortable beds, the first they had had for many weeks or months. Hot liquid nourishment was also provided shortly after admission, it being necessary frequently to awaken these patients, who were so exhausted from long hours of travel with accompanying loss of sleep. The nurses cut down all dressings for the inspection of members of the surgical staff. Some of the conditions seen were too terrible for comprehension. Some patients, who had lain in shell holes, without necessary medical attention, came with wounds infected with maggots; others were admitted who had lost both legs, while still others were found with great pieces of muscle and flesh torn out by shells and shrapnel. I recall the admission of an Irish boy, nineteen years old, who had lost not only his left eye, but his left arm and leg, and had received serious wounds in the right leg, abdomen and back. He remained at this Base for several weeks and was then transferred to England. The gassed patients present one of the saddest sights to be seen, with their eyes swollen and discharging, the body covered with blisters, with the accompanying pain, and with apparent discomfort in the respiratory tract which, having a moist mucous surface, is affected seriously. These patients expectorate quantities of blood and nearly all are unable to speak above

a whisper. In a single day seven hundred of these patients were admitted. This was Germany's plan in the beginning of an offensive. The gas can neither be seen nor detected by its odor, and for this reason cannot be offset by any act of courage on the part of the soldier.

The number of patients admitted and discharged daily varied, depending upon the necessity for vacant beds, the condition of the patients, and the transportation facilities available. The closing of the Channel for the purpose of clearing it of mines, sometimes delayed the transfer of the patients to England.

During the admission of a convoy, it was customary to distribute the patients to the wards having the greatest number of vacancies, unless it interfered with the regulation of treating like wounds in distinct wards. A ward often admitted as many as twenty new stretcher patients, which entailed much work on the part of the nurses. In a ward of forty beds, two nurses were usually assigned to the Medical Service and perhaps three to the Surgical Division, where the dressings often consumed the time of one nurse the greater part of one day. Nursing at night was extremely difficult on account of the few lights permitted, owing to the frequent air raids. One nurse and an orderly were expected to care for as many as forty surgical patients, or for eighty on the medical division. The night nurse inspected the dressings, watching for hemorrhages, going from bed to bed with a lantern which was shaded to prevent the light from being seen through the windows. One nurse detected eight hemorrhages in a single night, and it is to the credit of the efficient and faithful service given that not one patient has met death for reason of delay in recognizing a hemorrhage. One instance occurred where the life of a patient was saved by a nurse who made constant heavy pressure with her bare hand buried deeply in the wound until the hand became discolored.

"Convoys Out" occurred almost nightly, too, which increased the work of the nurse on duty. Clean linen, warm covering, fresh dressings on wounds, and nourishment, were provided for each patient before leaving. Often stretchers were coming and going most of the night, and new patients would occupy the beds just vacated.

Many German prison camps were established in this district. A few acres of land, enclosed by a barbed wire fence, with numberless tents within, well guarded on every side, made a familiar sight to those who passed. These prisoners did their own cooking in large iron kettles and they seemed well nourished with the rations allotted. During the eight-hour period of daily labor they repaired roads, performed some carpenter work, dug trenches, or did other work. Perhaps the most conspicuous feature about them was their slow

movement. No conversation was permitted with them and, being under guard constantly, they maintained obedient conduct at all times.

The need for recreation was keenly felt by the nurses, as the depressing scenes and continuous strain contributed toward a melancholy state of mind which required counteraction. Various musical entertainments at the different hospitals were given weekly and officers and nurses were invited to the Y. M. C. A. entertainments regularly. Many of these were given by talented casts who were engaged to perform in the many Army camps. Music and color were, perhaps, the most needed means of diversion. Our large orchestra of about thirty members often offered some enjoyable selections. It was difficult, however, to develop the work to any extent owing to the musicians being convalescent patients, who were sent back to the front as their condition permitted. Walking through the beautiful woods was also a means of enjoyment frequently sought. One could walk to one of many neighboring villages, enjoy a cup of tea, with an omelet, and return to camp much rested. Rain rarely interfered, as all were provided with rubber boots, raincoats, and hats, and the atmosphere was particularly refreshing.

The city of Rouen, being so old and picturesque, offered many objects of interest. The old cathedral built in the 12th century still stands unharmed, although the rare windows were removed for safety, others having been substituted during the war period.

(To be continued)

THE INDUSTRIAL NURSE IN RELATION TO PUBLIC HEALTH¹

BY JEANNETTE D. KING

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When asked to talk on this all-important topic, it was hard to persuade myself that I should do the matter justice. To try to crowd into a few minutes the multiplicity of suggestions and facts which relate to the public health, as we of our profession see it daily, seems futile, and many times has that time-worn bromide, "You can't improve a lily by painting it," come to my mind.

However, it would seem that finally the industrial nurse is coming into her own kingdom. I have never thought that a nurse who simply "nursed," after two or three years of intensive training, and who

¹ Read at the Industrial Nurses' Round Table, Illinois State Association, December 13.